

## *Chapter 290-5-54, Private Home Care Providers*

<i>Tag</i>	<i>Title</i>	<i>Rule #</i>	<i>Rule/Regulation</i>	<i>Interpretive Guideline</i>
0000	Initial Comments			
0100	Legal Authority	290-5-54-.01	These rules are adopted and published pursuant to the Official Code of Georgia Annotated (O.C.G.A.) Sec. 31-7-300 et seq.	The rules became effective July 21, 1995.
0200	Title and Purposes	290-5-54-.02	These rules shall be known as the Rules and Regulations for Private Home Care Providers. The purposes of these rules are to provide for the licensing and inspection of private home care providers. Authority O.C.G.A. Sec. 31-7-300 et seq.	
0300	Definitions	290-5-54-.03(a)	In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following:  (a) "Ambulation and transfer" means the acts of moving or walking about or walking or being moved from place to place with or without assistance.	Ambulation and transfer may or may not require the use of assistive devices such as wheelchairs, walkers, lifts, supports, etc.
0301	Definitions	290-5-54-.03(b)	In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following. . .  (b) "Companion or sitter tasks" means the following tasks which are provided to elderly, handicapped, or convalescing individuals: transport and escort services; meal preparation and serving; and household tasks essential to cleanliness and safety.	Where companion or sitter tasks are being performed compare the description on the service agreement with the client's service plan.  1. Sitter services provided for healthy minors are not regulated by these rules.  2. Are any "hands on" services provided such as bathing, assistance with ambulation and transfer, etc.? "Hands on" services are usually classified as personal care and would require the services of a personal care aide.  3. If the client can perform companion or sitter tasks without supervision and/or assistance, then services are not regulated by these rules.

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0302	Definitions	290-5-54-.03(c)	In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following. . .  (c) "Department" means the Department of Human Resources.	Specifically, the Office of Regulatory Services.
0303	Definitions	290-5-54-.03(d)	In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following. . .  (d) "Home health agency" means a facility licensed as a home health agency in accordance with the applicable licensing statutes and associated rules.	PHCP may not advertise services as 'home health'. Refer to O.C.G.A. Section 10-1-393(b)(30)(B).
0304	Definitions	290-5-54-.03(e)	In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following. . .  (e) "Home management" means those activities normally performed by a homemaker for the maintenance of a home's essential services, including but not limited to activities such as meal planning, shopping, and bill paying; any employee that is authorized unlimited access to a client's personal funds for home management shall be bonded through the provider.	Home management services for healthy individuals/families are not regulated by these rules.  If an employee is authorized unlimited access to a client's personal funds, does the agency have proof that the employee is bonded?
0305	Definitions	290-5-54-.03(f)	In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following. . .  (f) "Housekeeping or housekeeping tasks" means those activities performed for the upkeep and cleanliness of the home, including but not limited to such activities as laundry, changing linens, trash disposal, and cleaning.	See 290-5-54-.02(b) above. Household or housekeeping tasks for healthy individuals/families are not regulated by these rules.

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0306	Definitions	290-5-54-.03(g)	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following. . .</p> <p>(g) "Inspection" means any examination by the department or its representatives of a provider, including but not necessarily limited to the premises, and staff, persons in care, and documents pertinent to initial and continued licensing so that the department may determine whether a provider is operating in compliance with licensing requirements for has violated any licensing requirements. The term inspection includes any survey, monitoring visit, complaint investigation, or other inquiry conducted for the purposes of making a compliance determination with respect to licensing requirements.</p>	<p>Routine licensure surveys are generally announced and scheduled in advance. Complaint investigations are unannounced.</p>

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0307	Definitions	290-5-54-.03(h)	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following. . .</p> <p>(h) "Medically frail or medically compromised client" means a client whose health status, as determined by appropriate provider staff in accordance with accepted standards of practice, is likely to change or has changed because of a disease process, injury, disability or advanced age and underlying disease process(es).</p>	<p>Assure that the provider has in place a process to determine whether clients may be medically frail and/or medically compromised (MF/MC). There should be evidence of initial and on-going assessments to identify clients who may be MF/MC. When information suggests that a client may be MF/MC, there is evidence that a medically qualified provider staff (Licensed Nurse, Physician's Assistant, or Physician) has conducted an assessment to determine if the client is in fact MF/MC. Examples of clients who may be considered MF/MC include but are not limited to the following:</p> <ol style="list-style-type: none"> <li>1. Clients with cognitive and/or psychological conditions, severe developmental disabilities or traumatic injuries that are unstable, or who also have chronic medical conditions that place them at risk without the services of a professional to monitor the medical conditions;</li> <li>2. Clients requiring gastric feeding tubes, intermittent catheterizations, ventilators, respirators, bowel care, or trach care;</li> <li>3. Clients with unstable medical disorders such as diabetes, hypertension, congestive heart failure, and other unstable chronic disease conditions; and</li> <li>4. Clients with a high risk of skin breakdown.</li> </ol>

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0308	Definitions	290-5-54-.03(i)	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following. . .</p> <p>(i) "Medically related activities" means activities such as but not limited to observing and reporting changes in a client's condition, arranging trips to the doctor, picking up prescription drugs, accompanying clients on medical appointments, documenting client's food and/or liquid intake or output, reminding clients to take medication, and assisting with self-administration of medication; such activities shall not include professional services that are subject to regulation under professional practice and licensing statutes and associated rules.</p>	
0309	Definitions	290-5-54-.03(j)	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following. . .</p> <p>(j) "Personal care home" means a facility licensed as a personal care home in accordance with the applicable licensing statutes and associated rules.</p>	
0310	Definitions	290-5-54-.03(k)	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following. . .</p> <p>(k) "Personal care tasks" means assistance with bathing, toileting, grooming, shaving, dental care, dressing, and eating; and may include but are not limited to proper nutrition, home management, housekeeping tasks, ambulation and transfer, and medically related activities, including the taking of vital signs only in conjunction with the above tasks.</p>	<p>Where personal care tasks are being performed, compare the service agreement with the client's service plan. Personal care tasks for healthy minors are not regulated by these rules.</p> <p>Tasks are not considered personal care if the client needs only a reminder and can perform the tasks independently. However, clients who need close supervision and/or multiple verbal prompts and /or physical guidance to adequately complete personal care tasks or for safety reasons, may be considered receiving personal care assistance.</p>

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0311	Definitions	290-5-54-.03(l)	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following. . .</p> <p>(l) "Private home care provider" means any person, business entity, corporation, or association, whether operated for profit or not for profit, that directly provides or makes provision for private home care services through:</p> <ol style="list-style-type: none"> <li>1. its own employees or agents;</li> <li>2. contractual arrangements with independent contractors; or</li> <li>3. referral of other persons to render home care services, when the individual making the referral has ownership or financial interest in the delivery of those services by those other persons who would deliver those services.</li> </ol>	<p>If the service consists only of the referral of potential caregivers to interested individuals who pay a one-time referral fee to the referring company for a list of individuals who the requesting individual will interview, hire and schedule, the service is not subject to these rules.</p> <p>When the referring individual/business receives a fee for and is involved in the selection and/or scheduling of the caregiver, on a regular or intermittent basis, the service is subject to licensure.</p>
0312	Definitions	290-5-54-.03(m)	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following. . .</p> <p>(m) "Private home care services" means those items and services provided at a patient's residence that involve direct care to that patient and includes, without limitation, any or all of the following:</p> <ol style="list-style-type: none"> <li>1. nursing services, provided that such services can only be provided by a person licensed as a Registered Professional Nurse or Licensed Practical Nurse in accordance with applicable professional licensing statutes and associated rules;</li> <li>2. personal care tasks; and</li> <li>3. companion or sitter tasks.</li> </ol> <p>Private home care services shall not include physical, speech, or occupational therapy; medical nutrition therapy; medical social services; or home health aide services provided by a home health agency.</p>	<p>Only services provided at the client's residence are regulated. Services provided at any location other than the client's residence are not covered by these regulatory requirements.</p> <p>If the PHCP is providing services that would ordinarily be performed by a licensed nurse, nursing services should be reflected on its license, otherwise the PHCP is providing services beyond the scope of its license.</p> <p>If the PHCP is providing physical, speech, or occupational therapy, medical social services, or medical nutrition services, the PHCP is operating beyond the scope of its license.</p>

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0313	Definitions	290-5-54-.03(n)	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following. . .</p> <p>(n) "Residence" means the place where an individual makes that person's permanent or temporary home, whether that person's own apartment or house, a friend or relative's home, or a personal care home, but shall not include a hospital, nursing home, hospice, or other health care facility licensed under Chapter 31-7-1 et seq.</p>	PHCP services can not replace services that are required to be provided by staff of personal care homes; however, PHCP services can provide additional personal services such as nursing visits.
0314	Definitions	290-5-54-.03(o)	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following. . .</p> <p>(o) "Responsible Party" means any person authorized in writing by the client or appointed by an appropriate court to act upon the client's behalf; the term shall include a family member of a physically or mentally impaired client unable to grant the above authorization.</p>	
0315	Definitions	290-5-54-.03(p)	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following. . .</p> <p>(p) "Transport and escort services" means accompanying clients or providing or arranging transportation for clients to places outside of their residences for purposes such as appointments, entertainment, exercise, recreation, shopping, or social activities. If the mode of transportation is not owned by the client and is operated by an employee of the provider, the provider shall either obtain a signed waiver by the client of any claims for damages arising out of the operation of the vehicle or make reasonable efforts to insure that there is current motor vehicle insurance that will provide medical coverage for the client, in the event that the vehicle is involved in an accident causing injuries to the client.</p> <p>Authority O.C.G.A. Secs. 26-5-3, 31-7-300 et seq.</p>	<p>Transport and escort services for healthy individuals/families are not regulated by these rules.</p> <p>If the client is to be transported in the caregivers personal automobile, the provider must maintain evidence of one of the following:</p> <ul style="list-style-type: none"> <li>- Documentation of current automobile insurance for the caregiver's vehicle that includes medical coverage for the client, or</li> <li>- A waiver, signed by the client and/or responsible party, for any claims for injury damages which could arise in the event the vehicle were involved in an accident.</li> </ul>

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0400	Governing Body	290-5-54-.04	Each private home care provider shall have a governing body empowered and responsible to determine all policies and procedures and to ensure compliance with these rules. Authority O.C.G.A. Secs. 26-5-3, 31-7-300 et seq.	<p>The governing body may consist of one or more people, depending on the complexity of the agency.</p> <p>As applicable, is the information on the application consistent with the agency's organizational structure (i.e. organizational charts and lines of authority, management contracts, bylaws, minutes of board meetings, etc.)?</p> <p>The governing body must ensure at a minimum, the development and implementation of the following policies and procedures:</p> <ol style="list-style-type: none"> <li>1. Description of the scope of services offered and the type of clients served;</li> <li>2. Obtaining written Service Agreements;</li> <li>3. Maintenance and security of client records;</li> <li>4. Procedures for service planning;</li> <li>5. Documentation of services provided;</li> <li>6. Rights and Responsibilities; and</li> <li>7. Handling and resolution of complaints.</li> </ol>
0500	Licenses	290-5-54-.05	No private home care provider shall operate without a license or provisional license issued by the department.	Out of state agencies doing business in Georgia by providing PHCP services to Georgia residents must show evidence of compliance with these rules. Evidence of compliance must be provided directly to ORS in-state at a mutually agreeable location or the surveyor may visit the agency's office in a border state if it is located within 50 miles of Georgia. Out of state agencies providing PHCP services in Georgia that comply with the PHCP rules will be issued a Georgia license to provide PHCP services to Georgia residents.
0501	Licenses	290-5-54-.05(a)	(a) A license shall be issued and renewed periodically by the department upon a providers compliance with these rules and shall remain in force and effect until the license expires or is suspended, revoked or limited.	Currently licenses are issued yearly. License holders need to submit an updated application annually and pay the required annual fees.



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0502	Licenses	290-5-54-.05(b)	<p>(b) A provisional license may be issued by the department on a conditional basis for one of the following reasons:</p> <p>1. To allow a newly established provider a reasonable, but limited, time to demonstrate that its operational procedures comply with these rules; or</p> <p>2. To allow an existing provider a reasonable length of time to comply with these rules and regulations, provided that the provider shall present a plan of improvement acceptable to the department.</p>	Provisional licenses will be issued at the department's discretion.
0503	Licenses	290-5-54-.05(c)	<p>(c) Qualifications Requirement. In order to obtain or retain a license or provisional license, the provider's administrator and its employees must be qualified, as defined in these rules, to direct or work in a program. However, the department may require additional reasonable verification of the qualifications of the administrator and employees either at the time of application for a license or provisional license or at any time during the license period whenever the department has reason to believe that an administrator or employee is not qualified under these rules to direct or work in a program.</p>	<p>Additional verification of qualifications may include review of professional licenses, education documents and training certificates, employee evaluations, driving licenses, criminal record reviews, reference checks, complaint logs, staffing schedules, or interview and/or observation of staff.</p> <p>Review personnel files to see if personnel licenses, certifications or registrations are up to date. How does the PHCP ensure that all professional employees and personnel used under arrangement and by contract have current licenses and/or registrations, if applicable?</p>
0504	Licenses	290-5-54-.05(d)	<p>(d) If a governing body maintains offices as a private home care provider in more than one location, then each location shall be separately licensed.</p>	
0505	Licenses	290-5-54-.05(e)	<p>(e) The license shall be prominently and appropriately displayed at the private home care providers licensed location.</p>	

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0506	Licenses	290-5-54-.05(f)	<p>(f) No license issued under these rules is assignable or transferable. Each license or provisional license shall be returned to the department in cases of changes in name, location, ownership or governing body or if suspended, revoked, or limited. The department shall be provided 15 days notice in advance of any providers change in location.</p> <p>Authority O.C.G.A. Sec. 31-7-300 et seq.</p>	<p>When there is a change of ownership, the new owner must apply for licensure and pay the appropriate fees, as applicable.</p> <p>If the PHCP is a corporation and the corporation does not change, i.e. a stock purchase, the tax ID does not change, then generally no change of ownership has occurred.</p> <p>If the PHCP is individually owned and is purchased by another entity, a change of ownership has occurred.</p> <p>Are there any inconsistencies on the application for licensure relative to name, location, or governing body with actual operations at the PHCP?</p>
0600	Applications	290-5-54-.06(1)	<p>(1) Initial applications for a license as a private home care provider must be submitted to the department on forms provided by the department, and shall include the submission of an application fee and a license fee established by the Board of Human Resources. Such application shall include a description of the private home care provider services to be offered by the applicant and the geographic area that will be served.</p>	<p>.An initial licensure inspection will be scheduled following the receipt of the required documents, fees and verification that the PHCP is ready for the inspection. All information requested on the form should be provided at the time of application and will be verified during the initial inspection.</p> <p>Obtain a corrected application, if it is determined during the initial inspection that the services identified on the application differ from those actually provided by the PHCP. The provider may be invoiced for any additional fees in the event the provider is not prepared to pay the additional fees during the inspection. The license is not to be issued until the additional fees are paid.</p> <p>The geographic area that will be served will not appear on the license. This information will be included on the application and will be maintained in the Department.</p>

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0601	Applications	290-5-54-.06(2)	(2) Renewal of Licensures. Licenses shall be renewed by the department periodically from the date of initial issuance upon submission of a renewal application, and a license renewal fee established by the Board of Human Resources. Such renewal application shall include a description of the private home care provider services offered by the licensee and the geographic area served.	<p>Licenses shall be renewed for the time period determined by the Department.</p> <p>Obtain a corrected application if it is determined during the renewal inspection (or any other time) that the services identified on the application differ from those actually being provided by the PHCP. The provider will be invoiced for any additional fees in the event the provider is not prepared to pay the additional fees during the inspection. A renewal license is not to be issued until the additional fees are paid.</p> <p>License holders will need to update application annually and pay the required annual fees.</p>
0602	Applications	290-5-54-.06(3)	(3) Fees. Fees shall be reasonable and shall be set so that the total of the fees approximates the total of the direct and indirect costs to the state of the licensing program. Fees may be refunded for good cause as determined by the department.	Fees may be refunded prior to an initial/renewal inspection. Once the inspection has been conducted, fees cannot be refunded.
0603	Applications	290-5-54-.06(4)	(4) False or Misleading Information. The application for any license or renewal must be truthfully and fully completed. In the event that the department has reason to believe that any application has not been completed truthfully, the department may require additional reasonable verification for the facts alleged. The department may refuse to issue or renew any license where false statements have been made in connection with the application or any other documents required by the department. Authority O.C.G.A. Secs. 31-2-6, 31-7-300 et seq.	Review the application for comparison with actual services provided and accuracy of names, addresses and phone numbers.

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0700	Exemptions	290-5-54-.07(1)(a)	<p>(1) These rules shall not apply to private home care services which are provided under the following conditions:</p> <p>(a) When those services are provided directly by an individual, either with or without compensation, and not by agents or employees of the individual and not through independent contractors or referral arrangements made by an individual who has ownership or financial interest in the delivery of those services by others who would deliver those services.</p>	
0701	Exemptions	290-5-54-.07(1)(b)	<p>(1) These rules shall not apply to private home care services which are provided under the following conditions: . . .</p> <p>(b) When those services are home infusion therapy services and the intermittent skilled nursing care is provided only as an integral part of the delivery and infusion of pharmaceuticals; however, such skilled nursing care, whether hourly or intermittent, which provides care licensed by these rules beyond the basic delivery and infusion of pharmaceuticals is not exempt;</p>	<p>Those skilled nursing services, personal care services or companion/sitter services not directly related to infusion are subject to PHCP regulations.</p> <p>Would the service be needed if infusions were not prescribed?</p>
0702	Exemptions	290-5-54-.07(1)(c)	<p>(1) These rules shall not apply to private home care services which are provided under the following conditions: . . .</p> <p>(c) When those services are provided through the temporary placement of professionals and paraprofessionals to perform those services in places other than a persons residence;</p>	
0703	Exemptions	290-5-54-.07(1)(d)	<p>(1) These rules shall not apply to private home care services which are provided under the following conditions: . . .</p> <p>(d) When those services are provided by home health agencies which are licensed under state law;</p>	

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0704	Exemptions	290-5-54-.07(1)(e)	(1) These rules shall not apply to private home care services which are provided under the following conditions: . . .  (e) When those services are provided in a personal care home by the staff of the personal care home; and	These rules were not intended to cover those services allowable under the Personal Care Homes rule and can be provided by personal care home staff.
0705	Exemptions	290-5-54-.07(1)(f)	(1) These rules shall not apply to private home care services which are provided under the following conditions: . . .  (f) When those services are services within the scope of practice of pharmacy and provided by persons licensed to practice pharmacy.	
0706	Exemptions	290-5-54-.07(1)(g)	RESERVED.	g) O.C.G.A § 31-7-305(7) provides the following additional exemption: "When those services are provided directly by an individual on a volunteer basis through a senior volunteer program, which includes the foster grandparent program, the senior companion program, and the retired and senior volunteer program. In no case shall there be remuneration to any person, firm, corporation, or volunteer for services rendered or coordination of services in conjunction with the senior volunteer program or the foster grandparent program. (Effective 04/14/97)
0707	Exemptions	290-5-54-.07(2)	(2) A certificate of need issued pursuant to O.C.G.A. Sec. 31-6-1 et seq. is not required for licensure as a provider so long as the provider does not operate as a licensed home health agency or personal care home. Authority O.C.G.A. Secs. 31-7-305, 31-7-307.	

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0800	Inspections and Plans of Correction	290-5-54-.08(1)	(1) Providers shall be inspected by the department periodically; provided, however, the department may exempt a provider from such periodic inspections if it is certified or accredited by a certification or accreditation entity recognized and approved by the department. A provider seeking exemption from on-site inspection shall be required to submit to the department documentation of certification or accreditation, including a copy of its most recent certification or accreditation report. Nothing contained herein shall be construed to prohibit the department from conducting inspections of any provider as the department determines necessary.	<p>The accrediting organizations currently recognized by the Department are:</p> <ul style="list-style-type: none"> <li>- The Joint Commission on Accreditation of Healthcare Organizations (JCAHO);</li> <li>- Community Health Accreditation Program (CHAP) .</li> </ul> <p>The agency must submit proof that the certification and /or accreditation organization reviewed the agency under a set of standards related to the services the agency provides. For example, the JCAHO accredits many healthcare organizations; however, to be deemed for the Private Home Care Provider rules, a set of standards related to Private Home Care must be used.</p>
0801	Inspections and Plans of Corrections	290-5-54-.08(2)	(2) Consent to Entry and Access. An application for a license or the issuance and renewal of any license by the department constitutes consent by the applicant or licensee and the owner of the premises for the department's representatives, to enter the premises for the purpose of conducting any inspection during regular business hours.	The Department generally schedules routine/periodic inspections in advance; however, complaint investigations are unannounced and access to the premises during regular business hours is expected.
0802	Inspections and Plans of Correction	290-5-54-.08(2)(a)	(2)(a) Department representatives shall be allowed reasonable and meaningful access to the provider's premises, all records relevant to licensure and all provider staff. Providers shall assist and cooperate in arranging for department representatives to have meaningful access to provider's clients who consent to be interviewed by department representatives in connection with any licensure activity.	
0803	Inspections and Plans of Correction	290-5-54-.08(3)	(3) Cooperation with Inspection. All provider staff shall cooperate with any inspection conducted by the department and shall provide, without unreasonable delay, any documents to which the department is entitled thereunder.	If necessary, request from the provider photocopies or duplicates of any documents to which the Department is entitled.

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0804	Inspections and Plans of Correction	290-5-54-.08(4)	(4) If as a result of the inspection, violations of these licensure regulations are identified, the provider will be given a written report of licensure inspection which identifies the licensure regulations violated. The provider must submit a written plan of correction (improvement) in response to the report of licensure inspection which states what the provider will do when to correct each of the violations identified. The provider may offer any explanation or dispute the findings of violations in the written plan of correction so long as an acceptable plan of correction is submitted within ten days of the receipt of the written report of licensure inspection. Authority O.C.G.A. Secs. 31-2-6, 31-7-300 et seq.	<p>Under typical circumstances, surveyors have 10 working days to mail written statements of deficiencies to the PHCP.</p> <p>Remind the provider that the written plan of correction (POC) must be completed, signed and dated by the appropriate management staff and returned to the Department within 10 working days of receipt of the deficiencies.</p> <p>Issue license only upon receipt of an acceptable POC and applicable fees.</p> <p>If the POC is not acceptable, notify the provider, and request another POC which must be returned to the Department within 10 working days.</p>
0900	Administration and Organization	290-5-54-.09(1)	(1) Services Description. A provider shall establish and implement written policies and procedures that define the scope of private home care services it offers and the types of clients it serves. No provider shall provide services that are prohibited by these rules, the applicable legal authority, or other laws.	
0901	Administration and Organization	290-5-54-.09(2)	(2) Service Agreements. No provider shall offer to provide a client any private home care services that it cannot reasonably expect to deliver in accordance with these rules.	

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0902	Administration and Organization	290-5-54-.09(2)(a)	(2)(a) A provider shall establish and implement policies and procedures for service agreements. All services provided to a client shall be based on a written service agreement entered into with the client or the client's responsible party, if applicable.	<p>Written policies and procedures must specify that all PHCP services are provided only in accordance with a written service agreement established with the client and/or responsible party.</p> <p>Policies should also specify the procedure and tools for establishing and implementing the service agreement and include the assignment of responsibility.</p> <p>If the provider offers PRN (as needed) and/or very short-term services (no more than 2 visits within a 7 day period), then their policies and procedures must address their practice regarding service agreements in these situations, i. e., when the service is ongoing or intermittent. A service agreement should be obtained by the second visit.</p> <p>1. Interview clients to determine if the services requested are being provided. If not, was the client informed prior to agreeing to service that all the requested services could not be provided?</p> <p>2. If only two visits are made for nursing services, are physician orders in the client record?</p>
0903	Administration and Organization	290-5-54-.09(2)(a)1.	<p>... (2)(a) The service agreement must include the following:</p> <p>1. Date that provider makes initial contact with client for services;</p>	This is the date the PHCP contacts the client by phone or in person to offer services.
0904	Administration and Organization	290-5-54-.09(2)(a)2.	<p>... (2)(a) The service agreement must include the following:...</p> <p>2. Date of referral, i.e. the date on which the provider received a specific request to deliver private home care services to a particular client;</p>	



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0905	Administration and Organization	290-5-54-.09(2)(a)3.	<p>... (2)(a) The service agreement must include the following:...</p> <p>3. Description of services needed as stated by client or responsible party, if applicable;</p>	<p>This is a description of the services that the client requested when the original contact was made.</p> <p>Description of services to be provided must be in the client's own terminology, if applicable. It should be a clear description of the client's understanding of the services to be delivered.</p>

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0906	Administration and Organization	290-5-54-.09(2)(a)4.	<p>... (2)(a) The service agreement must include the following:...</p> <p>4. Description of services to be provided and expected frequency and duration of services;</p>	<p>The provider may need to conduct an initial assessment prior to completing this portion of the service agreement so that it can be confirmed that the service requested is appropriate for the client and can be provided. Additionally, other services may be agreed upon based on the initial assessment. The frequency of the service i.e., three times a week, and the expected duration of the service or length of time per visit, i.e., "one hour", "two hours", etc., should be indicated on the service agreement. One should be able to track the provision of service based on the description in the service agreement. "nurse to change dressing 3 x week" is more appropriate than "see a nurse 3 x week".</p> <p>The services listed in the agreement to be provided in the home should be limited to the three services allowed for in these rules and for what the PHCP is licensed. For example, if a responsible party indicated that respite care was desired, then the services on the service agreement should be described based on client needs. Instead of respite care, the services might be described as companion or sitter tasks, personal care tasks, and/or nursing services, depending on the needs of the client.</p> <p>Another example, if "supportive services" is the terminology utilized by a third party payer, the description on the service agreement must still be stated in terms of the service(s) for which the PHCP is licensed: companion or sitter tasks, personal care tasks, and/or nursing services.</p> <p>Updates/changes to service agreements should be documented in the client's record in a manner that is easily accessible.</p>

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0907	Administration and Organization	290-5-54-.09(2)(a)5.	<p>... (2)(a) The service agreement must include the following:...</p> <p>5. Charges for such services, and mechanisms for billing and payment of such charges;</p>	<p>The agreement must contain the amount of charges (hourly or total) for the services to be provided to the client. If there is a client financial responsibility, the agreement should also indicate when the bills will be sent to the client, i.e., 1st of the month, end of each week, etc.; how payment is to be made and when the payment is due, i.e., 10th of the month, one week in advance, etc. Additionally, assignment of benefit should be in the agreement, if applicable.</p>
0908	Administration and Organization	290-5-54-.09(2)(a)6.	<p>... (2)(a) The service agreement must include the following:...</p> <p>6. Acknowledgment of receipt of a copy of client's rights and responsibilities as outlined at rule .12;</p>	<p>This may be done on a separate form.</p>
0909	Administration and Organization	290-5-54-.09(2)(a)7.	<p>... (2)(a) The service agreement must include the following:...</p> <p>7. A telephone number of the provider that a client can call for information, questions, or complaints about services supplied by the provider;</p>	<p>If provided on Rights &amp; Responsibilities, the telephone number would not be required on the service agreement.</p>
0910	Administration and Organization	290-5-54-.09(2)(a)8.	<p>... (2)(a) The service agreement must include the following:...</p> <p>8. The telephone number of the state licensing authority, i.e. the department, to call for information or questions about the provider concerning a violation of licensing requirements that was not resolved to the client's satisfaction by complaining to the provider;</p>	<p>PHCP clients should be given the main number for the Health Care Section of the Office of Regulatory Services (404-657-5550) for information about licensing requirements.</p> <p>The number to lodge complaints about provider services is 404-657-5728.</p> <p>See also L1211 Client's Right.</p>

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0911	Administration and Organization	290-5-54-.09(2)(a)9.	<p>... (2)(a) The service agreement must include the following:...</p> <p>9. Authorization from client or responsible party, if applicable, for access to client's personal funds when home management services are to be provided and when those services include assistance with bill paying or any activities, such as shopping, that involve access to or use of such funds; similarly approved authorization for use of client's motor vehicle when services to be provided include transport and escort services and when the client's personal vehicle will be used;</p>	<p>Prior to the establishment of the Service Agreement, the provider should attempt to determine if the client has a Responsible Party and has executed any written document designating a Responsible Party or has had a legal guardian appointed by the court. If unable to determine if client has a responsible party or guardian, efforts made to determine the status should be documented.</p> <p>With the exception of mentally and physically impaired individuals who are unable to grant written authorization, written authorization should be obtained from the client and placed in the client record. The Responsible Party may then sign the service agreement and other documents for the client. If the client is unable to provide the written authorization, a note should be made as to the reason.</p> <p>The responsible party, if designated, should sign the authorization for access to the client's personal funds or use of the client's personal vehicle.</p> <p>Transport and escort services' for healthy individuals/families are not considered PHCP services.</p>
0912	Administration and Organization	290-5-54-.09(2)(a)10.	<p>... (2)(a) The service agreement must include the following:...</p> <p>10. Signatures for the provider's representative and the client or responsible party, if applicable, and date signed; if a client or responsible party refuses to sign the agreement, such refusal shall be noted on the agreement with an explanation from the provider's representative.</p>	<p>The provider's representative may be any staff member designated by the administrator to initiate the service agreement.</p>

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0913	Administration and Organization	290-5-54-.09(2)(b)	(2)(b) For new clients, such initial service agreements shall be completed not later than the second visit to the client's residence to provide services if the second visit occurs on a different day from the first visit or not later than seven calendar days after services are initially provided in the residence, whichever is earlier. If the provider is unable to complete the service agreement for good cause, the provider will document such reason(s) in the client's file. Subsequent revisions to the initial service agreement may be handled by the provider noting in the client's record the specific changes in service (e.g. addition or deletion of service, changes in frequency, or duration, or charge for services, etc.) that will occur and that the change was discussed with and agreed to by the client and/or responsible party, as appropriate, who signed the initial agreement prior to the change in services occurring.	If all services are provided within seven calendar days and then discontinued, no service agreement is required by these rules.
0914	Administration and Organization	290-5-54-.09(2)(c)	(2)(c) A client has the right to cancel any service agreement at any time and shall only be charged for services actually rendered prior to the time that the provider is notified of the cancellation. The provider may assess a reasonable charge for travel and staff time if notice of the cancellation of the service agreement is not provided in time to cancel the service prior to the provider's staff member arriving at the client's house to perform the service.	When adequate notice has been given, the client should not be charged for travel and staff time because the provider was unable to contact the staff.
0915	Administration and Organization	290-5-54-.09(3)	(3) Administrator. The governing body shall appoint an administrator who shall have full authority and responsibility for the operation of the private home care provider.	

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0916	Administration and Organization	290-5-54-.09(3)(a)1.	<p>(3)(a) Any administrator employed after the effective date of these rules must meet the following minimum qualifications:</p> <p>1. Never have been shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application;</p>	A criminal records check may be used to partially meet this requirement, but it must be supplemented with other evidence. The evidence (either obtained verbally from the applicant or written documents) may be contained in each employee personnel file in written form (refer to the requirement at L0933 that requires that records of qualifications be in the employee file). If the evidence is obtained via an oral statement, this must be recorded in the employee file by the appropriate person and signed and dated.
0917	Administration and Organization	290-5-54-.09(3)(a)2.	<p>(3)(a) Any administrator employed after the effective date of these rules must meet the following minimum qualifications:....</p> <p>2. Participate in the orientation and training required by these rules;</p>	There should be evidence that the administrator received orientation and training as required by these rules as described at L0953.
0918	Administration and Organization	290-5-54-.09(3)(a)3.	<p>(3)(a) Any administrator employed after the effective date of these rules must meet the following minimum qualifications...</p> <p>3. Not have made any material false statements concerning qualifications requirements either to the department or the provider.</p>	
0919	Administration and Organization	290-5-54-.09(4)(a)	<p>(4) Record keeping. (a) Client Records. A provider shall maintain a separate file containing all written records pertaining to the services provided for each client that it serves...</p>	<p>Each client must have a separate file on site, even if they live together, are served on the same day, and are billed together.</p> <p>PROBE: Compare client list with files for clients with same address and/or same surname.</p>
0920	Administration and Organization	290-5-54-.09(4)(a)1.	<p>(4)(a) ...Each client's file shall contain the following:</p> <p>1. Identifying information including name, address, telephone number, and responsible party, if any;</p>	

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0921	Administration and Organization	290-5-54-.09(4)(a)2.	(4)(a) ...Each client's file shall contain the following:....  2. Current service agreement as described at rule .09(2);	Does the current agreement include all of the elements required by the rules and documentation of any revisions to the original agreement?
0922	Administration and Organization	290-5-54-.09(4)(a)3.	(4)(a) ...Each client's file shall contain the following:....  3. Current service plan as described at rule .11;	Does the current plan, including all the revisions, contain all of the required elements of a service plan as described at 290-5-54-.11?
0923	Administration and Organization	290-5-54-.09(4)(a)4.	(4)(a) ...Each client's file shall contain the following:....  4. Clinical and/or progress notes if the client is receiving nursing services that have been signed and dated by the staff providing the direct care;	Nursing clinical and/or progress notes should be sufficient to determine the care provided and the patient's progress and response to the care provided. See 290-5-54-.09(4) and L1018.
0924	Administration and Organization	290-5-54-.09(4)(a)5.	(4)(a) ...Each client's file shall contain the following:....  5. Documentation of personal care tasks and companion or sitter tasks actually performed for the client;	Does staff document each specific task performed for the client each time the task is performed, such as assistance with bathing, toileting, and shaving rather than documenting performance in a general area such as personal hygiene, grooming, activities of daily living (ADL's), etc? A check-list is acceptable. See L1018.
0925	Administration and Organization	290-5-54-.09(4)(a)6.	(4)(a) ...Each client's file shall contain the following:....  6. Documentation of findings of home supervisory visits by the supervisor unless entered in service plan;	See L1013 and L1016 for supervisor assessment/observation requirements.
0926	Administration and Organization	290-5-54-.09(4)(a)7.	(4)(a) ...Each client's file shall contain the following:....  7. Any material reports from or about the client that relate to the care being provided to the client including items such as progress notes and problems reported by employees of the provider, communications with personal physicians or other health care providers, communications with family members or responsible parties, or similar items;	

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0927	Administration and Organization	290-5-54-.09(4)(a)8.	(4)(a) ...Each client's file shall contain the following:...	
			8. The names, addresses, and telephone numbers of the client's personal physicians, if any;	
0928	Administration and Organization	290-5-54-.09(4)(a)9.	(4)(a) ...Each client's file shall contain the following:...	
			9. Date and source of referral.	
0929	Administration and Organization	290-5-54-.09(4)(b)	(4)(b) Retention and Confidentiality of Client Records. Written policies and procedures shall be established and implemented for the maintenance and security of client records specifying who shall supervise the maintenance of records, who shall have custody of records, to whom records may be released and for what purposes and how long the records will be retained. At a minimum, all client records shall be retained for five years from the date of last service provided. The provider shall maintain the confidentiality of client records. Employees of the provider shall not disclose or knowingly permit the disclosure of any information in a client record except to appropriate provider staff, the client, responsible party (if applicable), the client's physician or other health care provider, the department, other individuals authorized by the client in writing or by subpoena.	Do policies and procedures include where records will be located, who (by title) is responsible for records, how record contents will be released and managed, provisions for maintaining confidentiality, how subpoenas will be handled, etc.?
0930	Administration and Organization	290-5-54-.09(4)(c)	(4)(c) Personnel Records. A provider shall maintain separate written records for each employee...	If independent contractors are utilized by the PHCP, how does the provider ensure that the independent contractor, individual, or agency meet this rule? The administrator file may be stored separately as long as it is readily retrievable during the survey.
0931	Administration and Organization	290-5-54-.09(4)(c)1.	(4)(c) Personnel Records ... the records shall include the following:	
			1. Identifying information such as name, address, telephone number, and emergency contact person(s);	



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0932	Administration and Organization	290-5-54-.09(4)(c)2.	(4)(c) Personnel Records ... the records shall include the following:....  2. A five year employment history or a complete employment history if the person has not been employed five years;	
0933	Administration and Organization	290-5-54-.09(4)(c)3.	(4)(c) Personnel Records ... the records shall include the following:....  3. Records of qualifications;	Evidence of qualifications include but are not limited to copies of current Georgia nursing licenses, letters from the Department specifying that the person is on the Georgia Nurse Aide Registry, score sheets from approved nurse aide skills test along with competency testing check sheets, or evidence of successful completion of a 40 hour training program as described in L0948 and competency testing check sheets.
0934	Administration and Organization	290-5-54-.09(4)(c)4.	(4)(c) Personnel Records ... the records shall include the following:....  4. Documentation of a satisfactory TB screening test upon employment and annually thereafter;	Do staff records contain documentation of current TB screening tests? Current means on a 12 months schedule.
0935	Administration and Organization	290-5-54-.09(4)(c)5.	(4)(c) Personnel Records ... the records shall include the following:....  5. Date of employment;	This may be the date the individual was hired, attended orientation (whether or not paid to attend), or was paid for services.
0936	Administration and Organization	290-5-54-.09(4)(c)6.	(4)(c) Personnel Records ... the records shall include the following:....  6. The person's job description or statements of the person's duties and responsibilities;	Is a job description(s) contained in the personnel file for all tasks the individual is expected to perform? Example: If an individual has the primary role of a companion sitter but is qualified to provide personal care services and does on occasion, there should be a job description for both functions in the employee file.
0937	Administration and Organization	290-5-54-.09(4)(c)7.	(4)(c) Personnel Records ... the records shall include the following:....  7. Documentation of orientation and training required by these rules;	Refer to L0954, L0955, L0956, L0957 and L0958 for descriptions of the required orientation and training.

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0938	Administration and Organization	290-5-54-.09(4)(c)8.	(4)(c) Personnel Records ... the records shall include the following:....  8. Documentation of at least an annual performance evaluation;	See L1009, Supervision of Services.
0939	Administration and Organization	290-5-54-.09(4)(c)9.	(4)(c) Personnel Records ... the records shall include the following:....  9. Documentation of bonding if the employee performs home management services which permit unlimited access to the client's personal funds. (If bonding is provided through a universal coverage bond, evidence of bonding need not be maintained separately in each personnel folder.)	
0940	Administration and Organization	290-5-54-.09(4)(d)	(4)(d) Reports of Complaints and Incidents. The provider shall maintain files of all documentation of complaints submitted pursuant to rule .12(2). A provider shall also maintain on file for a minimum of five years all incident reports or reports of unusual occurrences (e.g. falls, accidents, significant medication errors, etc.) that affect the health, safety, and welfare of its clients. Documentation required to be maintained shall include what actions, if any, the provider took to resolve clients' complaints and to address any incident reports or unusual occurrences required to be retained.	Records of discharged clients shall be maintained in a readily retrievable manner for a period of twelve (12) months from the last service date for the client. Complaint and incident reports shall be maintained in a readily retrievable manner for a period of five (5) years.  See L1019, L1201, L1208, L1214, and L1215 for additional information related to complaints.
0941	Administration and Organization	290-5-54-.09(5)	(5) Staffing. The provider shall have sufficient numbers of qualified staff as required by these rules to provide the services specified in the service agreements with its clients. In the event that the provider becomes aware that it is unable to deliver the specified services to the client because of an unexpected staff shortage, the provider shall advise the client and refer the client to another provider if the client so desires.	Review the list of employees and their qualifications. Compare the number of client service hours per service per week to the full time equivalents of the staff available. (i.e. the provider has 3 clients who require PCA services two hours each day, five days a week, and 1 client who requires PCA services 24 hours a day, seven days a week, for a total of 198 hours. The full time equivalent is 40 hours per week. By dividing 198 by 40 you can see that it would take at least 5 full time equivalent to provide the services required of all the clients.)  Does the provider have a procedure in place to replace absent staff?

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0942	Administration and Organization	290-5-54-.09(5)(a)	(5)(a) All staff employed by a provider on a regular basis prior to the effective date of these rules will have one year from the effective date of these rules to have included in their personnel records or files maintained by the particular provider a written evaluation that was performed within one year before or after the effective date of these rules. The written evaluation must reflect that the employee's performance of required job tasks was observed personally by a supervisor either by demonstration or observation and such performance was determined to be competent for all job tasks required to be performed...	Have all staff members received an annual evaluation?  Are Services provided by individuals on behalf of the provider (independent contractor) observed and evaluated?  See L0959 for additional information related to requirements for the supervision of contracted services.
0943	Administration and Organization	290-5-54-.09(5)(a)1.	(5)(a) All staff hired after the effective date of these rules must meet the following minimum qualifications:  1. Never have been shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application;	Refer to L0916, also required for the administrator.
0944	Administration and Organization	290-5-54-.09(5)(a)2.	(5)(a) All staff hired after the effective date of these rules must meet the following minimum qualifications:....  2. Participate in the orientation and training required by these rules;	Refer to L0954, L0955, L0956, L0957 and L0958.
0945	Administration and Organization	290-5-54-.09(5)(a)3.	(5)(a) All staff hired after the effective date of these rules must meet the following minimum qualifications:....  3. Not have made any material false statements concerning qualifications requirements either to the department or the provider.	

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0946	Administration and Organization	290-5-54-.09(5)(b)	(5)(b) Nursing Personnel. Any persons employed by the provider to provide nursing services shall be licensed in Georgia in accordance with professional licensing laws and associated rules. Such persons may also provide any other types of private home care services offered by the provider.	Check to ensure each nurse has a current unrestricted license.
0947	Administration and Organization	290-5-54-.09(5)(c)	(5)(c) Personal Care Assistant (PCA). The provider may have PCAs perform personal care tasks for clients. Such persons may also perform companion or sitter tasks for clients, but shall not provide nursing services unless qualified as stated in rule .09(5)(b) above.	

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0948	Administration and Organization	290-5-54-.09(5)(c)1.	<p>(5)(c)1. Any PCA hired after the effective date of these rules shall have the following training and/or experience:</p> <p>(i) successful completion of a nurse aide training and competency evaluation program pursuant to the requirements of 42 CFR Part 483, Subpart D, as revised or recodified, if applicable; or</p> <p>(ii) successful completion of a competency examination for nurse aides recognized by the department; or</p> <p>(iii) successful completion of a health care or personal care credentialing program recognized and approved by the department; or</p> <p>(iv) successful completion or progress in the completion of a 40 hour training program provided by a private home care provider, which addresses at least the following areas:</p> <p>(I) Ambulation and transfer of clients, including positioning;</p> <p>(II) Assistance with bathing, toileting, grooming, shaving, dental care, dressing, and eating;</p> <p>(III) Basic first aide and CPR;</p> <p>(IV) Caring for clients with special conditions and needs so long as the services are within the scope of the tasks authorized to be performed by demonstration;</p> <p>(V) Home management;</p> <p>(VI) Home safety and sanitation;</p> <p>(VII) Infection control in the home;</p> <p>(VIII) Medically related activities to include the taking of vital signs; and</p> <p>(IX) Proper nutrition.</p>	<p>Written documentation of the training/ experience of a PCA along with documented evidence of competency testing must be maintained in the personnel record for each employee. (see L0937)</p> <p>(i) Individuals with a certificate from an approved nurse aide training program who are registered with the Georgia DHR Nurse Aide Registry are deemed to have met the training/experience requirement. The registry maintains a listing of individuals certified as nurse aides and a nurse aide abuse registry required by OBRA 1987 as amended. The address and phone number is:</p> <p>Office of Regulatory Services Nurse Aide Registry 2 Peachtree Street, NW, Suite 32 Atlanta, GA 30303-3167 Phone: (404) 657-5730</p> <p>(i) The department recognizes the "Home Health Aide Skills Assessment Test", issued by the National League of Nursing, as an acceptable instrument to assess the skills of PCA's when the assessment is made in conjunction with direct supervision and documented skills competency testing. Data reflects that on average home health aides from across the United States who took the experimental tests scored an average of 76% of the items correctly. Providers should compare the PCA's job description with specific areas of the test in order to identify strengths and weakness and in order to determine where further training and supervision may be needed.</p> <p>The address and phone number is: NLN Test Service 50 Hudson Street New York, NY 10014 Phone: 1-800-669-9656 E-mail: Custserv @ NLN.Org.</p> <p>(iii) The Department recognizes the "Personal Care Assistant (PCA) Competency Test", developed by the Georgia Home Care Association (GAHCA)</p>

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				<p>as an acceptable instrument to assess the skills of PCA's when the assessment is made in conjunction with direct supervision and documented skills competency testing. The passing score shall be 80% on the written exam and a pass on the applicable portions of the skills competency check (Part 2). The skills competency check (Part 2) must be administered by a RN or LPN. The Skills Assessment Exam results may be transferred between PHCPs if testing occurred no longer than 1 year previously. If a PHCP accepted another agency's testing, supervision and documented competency testing would still be required. Membership in the GAHCA shall not be a pre-requisite to obtain a copy of this test.</p> <p>(iv) The provider should have written documentation of their training program and should be able to demonstrate the competency of PCAs in the following manner: Assessments must include direct observation of actual performance with a client or other person by a qualified person and the other skill areas specified are assessed either by written exam, oral exam, or by direct observation.</p>
0949	Administration and Organization	290-5-54-.09(5)(c)2.	<p>(5)(c)2. A training program described in rule .09(5)(c)1.(iv) must be conducted under the direction of a licensed registered professional nurse, or a health care professional with commensurate education and experience. Twenty hours of the program must be completed by the employee prior to serving clients and the additional twenty hours must be completed within six months of the date the training initially began. No PCA shall be assigned to perform a task for which training has not been completed and competency has not been determined. No PCA shall be assigned to care for a client with special conditions unless the PCA has received training and has demonstrated competency in performing such services related to such special conditions.</p>	<p>The training records for PCAs should be evaluated to ensure PCAs receive instruction in all areas in 290-5-54.09(5)(c).</p> <p>"Special conditions" may include but are not limited to Alzheimers, behavior disorders, birth defects, blindness, developmental disorders, diabetes, mental retardation, non-verbal, traumatic brain injuries, and might include special services such as transfer and escort of the blind client, preparation of diabetic diets, cultural specific practices (i.e. diet, etc.).</p>

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0950	Administration and Organization	290-5-54-.09(5)(d)	(5)(d) Companions or Sitters. The provider may have companions or sitters perform companion or sitter tasks for clients. Such persons may not provide other private home care services to clients unless qualified as stated in rules .09(5)(b) and (c).	
0951	Administration and Organization	290-5-54-.09(5)(d)1.(i)	(5)(d)1. Any companion or sitter hired after the effective date of these rules must meet the following minimal requirements:  (i) Be able to read and write, follow verbal and written instructions, and complete written reports and documents;	Is the plan of care being followed?  Is there documentation of services provided?
0952	Administration and Organization	290-5-54-.09(5)(d)1.(ii)	(5)(d)1. Any companion or sitter hired after the effective date of these rules must meet the following minimal requirements:....  (ii) Successfully complete training or demonstrate understanding and practical competency in the following areas: understanding the needs and characteristics of elderly, handicapped, or convalescing individuals; meal preparation and serving; transportation and escort services; housekeeping to include sanitation; home safety; handling medical emergencies in the home; and infection control.	Is the documentation of training and competency maintained in each individual's personnel file? Do assessments include direct observation of actual performance with a client or other person by a qualified person? Individuals with documented qualifications as a licensed nurse or PCA may provide companion or sitter services.
0953	Administration and Organization	290-5-54-.09(6)	(6) Staff Training. Prior to working with clients, all employees hired or used on or after the effective date of these rules and who provide services to clients shall be oriented in accordance with these rules and shall thereafter receive additional training in accordance with these rules.	Is documentation of orientation maintained in each individual personnel file? Interview provider to determine how provider ensures that the independent contractors follow the provisions of the rules. See L0959 for contracted services.
0954	Administration and Organization	290-5-54-.09(6)(a)1.	(6)(a) Staff orientation shall include instruction in:....  1. The provider's written policies and procedures regarding its scope of services and the types of clients it serves (rule .09 (1) and clients rights and responsibilities and complaints (rule .12), as well as other policies that are relevant to the employee's range of duties and responsibilities;	Other policies and procedures relevant to the staff's range of duties and responsibilities would include but may not be limited to, the documentation of home care services and the service plan.

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0955	Administration and Organization	290-5-54-.09(6)(a)2.	(6)(a) Staff orientation shall include instruction in:....  2. The employee's assigned duties and responsibilities;	There should be a written job description in the employee record.
0956	Administration and Organization	290-5-54-.09(6)(a)3.	(6)(a) Staff orientation shall include instruction in:....  3. Reporting client progress and problems to supervisory personnel and procedures for handling medical emergencies or other incidents that affect the delivery of services in accordance with the client's services plan;	
0957	Administration and Organization	290-5-54-.09(6)(a)4.	(6)(a) Staff orientation shall include instruction in:....  4. The employee's obligation to report known exposure to tuberculosis and hepatitis to the employer.	Interview staff members to determine if staff are instructed to report to their supervisor any known exposure to tuberculosis and/or hepatitis regardless of whether the exposure occurred on or off the job.
0958	Administration and Organization	290-5-54-.09(6)(b)	(6)(b) Additional training consisting of a minimum of eight clock hours of training or instruction shall be provided annually for each employee after the first year of employment. Employees hired prior to the effective date of these rules are also required to receive eight clock hours of training or instruction annually beginning with the effective date of these rules. Such training or instruction shall be in subjects that relate to the employee's assigned duties and responsibilities.	Is it clearly documented in the personnel file that the staff member received 8 clock hours of training each year? This requirement applies to individuals providing services under contract.



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0959	Administration and Organization	290-5-54-.09(7)	(7) Contracted Services. If a provider arranges with independent contractors, individuals, or agents for them to provide any authorized private home care services on behalf of the provider in any way, such arrangements shall be set forth in writing detailing the services to be provided. The provider must assure that the independent contractor, individual, or agent supplying the services follow the provisions of these rules and are qualified to provide the services. The services must be supervised, as outlined in rule .10(2) (Supervision of Services), by a supervisor of the licensed provider. Authority O.C.G.A. Sec. 31-7-300 et seq.	Is there a written contract between the provider and the individual providing services on behalf of the provider, if the individual is not considered an employee?  The supervision requirement for contracted staff is the same as employees, i.e., direct observation or demonstration.
1001	Private Home Care Provider Services	290-5-54-.10(1)	A provider may provide three categories of home care services as defined in these rules.	
1002	Private Home Care Provider Services	290-5-54-.10(1)(a)	...(1)(a) Nursing Services. If a provider provides nursing services, such services shall be provided by a licensed registered professional nurse or a licensed practical nurse under the direction of a supervisor as required by these rules. Such services shall be provided in accordance with the scope of nursing practice laws and associated rules, and the client's service plan.	
1003	Private Home Care Provider Services	290-5-54-.10(1)(a)1.(i)	...(1)(a)1. Nursing services shall include the following:...  (i) Regularly assess the nursing needs of the client;	Are clients being assessed on admission and reassessed as required to determine the client's present health status and ability to function?
1004	Private Home Care Provider Services	290-5-54-.10(1)(a)1.(ii)	...(1)(a)1. Nursing services shall include the following:...  (ii) Participate in the establishment and implementation of the client's service plan;	Is information obtained during the initial and subsequent assessments, along with physician orders, being used to establish and revise the client's service plan?
1005	Private Home Care Provider Services	290-5-54-.10(1)(a)1.(iii)	...(1)(a)1. Nursing services shall include the following:...  (iii) Provide nursing services as needed and in accordance with the client's service plan;	Nursing services are not limited to the administration of medications and treatments prescribed by the client's physician.

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1006	Private Home Care Provider Services	290-5-54-.10(1)(a)1.(iv	<p>...(1)(a)1. Nursing services shall include the following:...</p> <p>(iv) Report problems and progress of client to supervisory personnel or the client's personal physician.</p>	<p>Does the provider have the telephone number and address of the client's physician?</p> <p>When were medication/treatment orders last reviewed?</p>
1007	Private Home Care Provider Services	290-5-54-.10(1)(b)	<p>...(1)(b) Personal Care Tasks. If a provider provides personal care tasks, such tasks, at a minimum, shall be performed by a qualified PCA under the direction of a supervisor as required by these rules, and in accordance with the client's service plan. In addition to following the service plan, a PCA must report on the personal care needs of the client, on changes in the client's condition, and on any observed problems that affect the client. Licensed nurses are also authorized to perform personal care tasks.</p>	<p>In order for services to be delivered in accordance with the client's service plan, does the PCA who delivers the services have access to the client's service plan? Does the PCA generally provide those tasks authorized and directed by the plan? As personal care needs change or problems emerge, does the PCA report on the client's condition?</p>
1008	Private Home Care Provider Services	290-5-54-.10(1)(c)	<p>...(1)(c) Companion or Sitter Tasks. If a provider provides companion or sitter tasks, such tasks, at a minimum, shall be performed by a qualified companion or sitter under the direction of a qualified supervisor as required by these rules, and in accordance with the client's service plan. In addition to following the service plan, a companion or sitter must report on the needs of the client, on changes in the client's condition, and on any observed problems that affect the client.</p>	<p>Are qualifications documented in writing in the personnel record?</p> <p>Interview the companion/sitter during a home visit, as applicable.</p>
1009	Private Home Care Provider Services	290-5-54-.10(2)	<p>(2) Supervision of Services. Services shall be supervised by qualified staff of the provider. Each staff member providing services to a client shall be evaluated in writing by his or her supervisor, at least annually, either through direct observation or demonstration, on the job tasks the staff member is required to perform. No supervisor shall knowingly permit an employee who has been exposed to tuberculosis or hepatitis or diagnosed with the same to provide services to clients until it is determined that the employee is not contagious.</p>	<p>Is the supervisor of any service qualified to provide any and all of the services required by the client that the staff member provides for the client. Example: if the client requires intermittent catheterizations, the supervisor should be qualified by training and experience to perform intermittent catheterizations. See L0957 regarding required reporting of TB/Hepatitis exposure.</p>

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1010	Private Home Care Provider Services	290-5-54-.10(2)(a)	(2)(a) Supervision of Nursing Services. If a provider provides nursing services, it shall employ fully licensed Georgia registered professional nurse to supervise the provision of such services and the employees who provide the services. Such supervisor may perform other duties provided he or she is able to fulfill the supervisory responsibilities described in these rules. A supervisor shall complete the client's service plan in accordance with rule .11 and in coordination with the appropriate staff who will be providing the client's services.	The phrase, "appropriate staff who will be providing the client's services", means any staff member who goes into the client's residence to perform private home care provider tasks. The phrase, "in coordination" means any staff member going into a client's residence to perform private home care provider tasks will review the client's complete, current service plan prior to delivery of any service in the client's residence. Additionally, any staff member will be given the opportunity to speak with his/her supervisor regarding the service plan prior to providing care.
1011	Private Home Care Provider Services	290-5-54-.10(2)(b)	(2)(b) Supervision of Personal Care Tasks. If a provider offers personal care task services, the provider shall employ supervisor(s) that have been determined to be qualified by education, training and experience to supervise the provision of such tasks in accordance with accepted standards of care. A licensed registered professional or practical nurse shall supervise the provision of personal care tasks for clients determined to be medically frail or medically compromised. If such supervision is provided by a licensed registered professional nurse who will continue to be responsible for the development and management of the service plan. Such supervisor may perform other duties provided he or she is able to fulfill the supervisory responsibilities described in these rules.	See definition of medically frail or medically compromised.  See L1002 Nursing Services.  Medication and treatment orders are routinely written by physicians for nurses.  Medication and treatment orders are not required for services not involving skilled care.

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1012	Private Home Care Provider Services	290-5-54-.10(2)(b)1.	<p>(2)(b) If a provider offers personal care task services...</p> <p>1. The appropriate supervisor as specified in these rules shall complete the client's service plan in accordance with rule .11 and in coordination with the appropriate staff who will be providing the client's services. For clients who are determined to be medically frail or compromised, a licensed registered professional nurse shall complete the initial service plan. Subsequent revisions to the service plan may be made by a licensed practical nurse who is supervising the provision of personal care tasks services to the client. Revisions made by the licensed practical nurse will be reviewed in a timely manner by the provider's licensed registered professional nurse ultimately responsible for the management of the client's care.</p>	See L1010, Service Plans. Revisions made by an LPN to the service plan will be reviewed by the appropriate RN.
1013	Private Home Care Provider Services	290-5-54-.10(2)(b)2.	<p>(2)(b) If a provider offers personal care task services...</p> <p>2. The appropriate supervisor shall make a supervisory home visit to each client's residence at least every 92 days, starting from date of initial service in a residence or as the level of care requires to ensure that the client's needs are met. The visit shall include an assessment of the client's general condition, vital signs, a review of the progress being made, the problems encountered by the client and the client's satisfaction with the services being delivered by the provider's staff. Such supervision shall also include observations about the appropriateness of the level of services being offered. Routine quarterly supervisory visits shall be made in the client's residence and shall be documented in the client's file or service plan.</p>	In addition to routine supervisory visits, a supervisory home visit may be made when the provider receives a complaint concerning services and the complaint raises a serious question regarding the services being delivered. If a provider determines that an assessment of a client's vital signs is not appropriate or obtainable during the supervisory visit, an entry will be made on the written report of the supervisory home visit which explains the omission.

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1014	Private Home Care Provider Services	290-5-54-.10(2)(c)	(2)(c) Supervision of Companion or Sitter Tasks. If a provider provides companion or sitter tasks, supervision of such tasks shall be provided by a qualified supervisor (e.g. registered professional nurse, licensed practical nurse, the administrator, or any other staff member assigned responsibility for supervision of the delivery of care.)	Is the supervisor qualified, in accordance with these rules?
1015	Private Home Care Provider Services	290-5-54-.10(2)(c)1.	<p>(2)(c) If a provider provides companion or sitter services...</p> <p>1. The appropriate supervisor, as specified in these rules, shall complete the client's service plan in accordance with rule .11 and in coordination with the appropriate staff who will be providing the client's services.</p>	The phrase, "appropriate staff who will be providing the client's services", means any staff member who goes into the client's residence to perform private home care provider tasks. The phrase, "In coordination", means any staff member going into a client's residence to perform private home care provider tasks will review the client's complete, current service plan prior to providing care in the client's residence. Additionally, any staff member will be given the opportunity to speak with his/her supervisor regarding the service plan prior to providing care.
1016	Private Home Care Provider Services	290-5-54-.10(2)(c)2.	<p>(2)(c) If a provider provides companion or sitter services...</p> <p>2. The appropriate supervisor shall make a supervisory home visit to each client's residence at least every 122 days starting from date of initial service in the residence or when the provider receives a complaint concerning services and the complaint raises a serious question concerning the services being delivered. The visit shall include an assessment of the client's general condition, a review of the progress being made, the problems encountered by the client and the client's satisfaction with the services being delivered by the provider's staff. Such supervision shall also include observations about the appropriateness of the level of services being offered. Routine supervisory visits shall be made in the client's residence. All supervisory visits shall be documented in the client's file or service plan.</p>	

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1017	Private Home Care Provider Services	290-5-54-.10(2)(d)	(2)(d) When employees or subcontractors are performing personal care tasks for clients who are medically frail or medically compromised in the clients' residences, the provider shall have a representative on call and accessible who shall be able to contact a nurse supervisor by telephone or other means to provide appropriate consultation to the employees or subcontractors concerning responding to the clients' medical needs.	Is the on-call representative and nurse supervisor accessible 24 hours per day, seven days per week?
1018	Private Home Care Provider Services	290-5-54-.10(3)	(3) Documentation of Home Care Services Provided. A provider shall establish and implement written policies and procedures for documenting the services actually performed for its clients each day. Such documentation shall be incorporated into the client's file in accordance with rule .09(4)(a).	Do the written procedures include specific instructions for staff on how and what to record on the provider's documentation of services delivery form(s), and how the documentation is incorporated into the file?
1019	Private Home Care Provider Services	290-5-54-.10(4)	(4) Quality Improvement Program. The provider must have and maintain documentation reflecting that there is an effective quality improvement program that continuously monitors the performance of the program itself and client outcomes to ensure that the care provided to the clients meets acceptable standards of care and complies with the minimum requirements set forth in these rules. At a minimum, the quality improvement program must document the receipt and resolution (if possible) of client complaints, problems with care identified and corrective actions taken. Authority O.C.G.A. Sec. 31-7-300 et seq.	Is documentation of client complaints, problems with care identified and corrective actions taken maintained and utilized in a quality improvement program? Have any corrective actions been taken? For complaints, see also L1201, L1208, L1214, and L1215.

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1100	Service Plans	290-5-54-.11	A provider shall establish and implement written policies and procedures for service planning. A written plan of service shall be established in collaboration with the client and the responsible party, if applicable, and the client's personal physician if the services to be provided are nursing services and the client has a personal physician.	<p>.11 GUIDELINE: Is there a written statement that describes the provider's process of planning the service provided to a client? Do the written policies and procedures specify the individual(s) responsible for developing the plan; the time frame for completing the service plan document, integrating assessment findings, and when the service plan should be reviewed or revised?</p> <p>If the provider offers nursing services, does the policy/procedure include instructions for obtaining and documenting physician orders? Are verbal orders signed and dated by the registered nurse who is furnishing or supervising the ordered service and countersigned by the physician as soon as possible?</p> <p>Does the care planning process respect the patients' right to make choices by accepting or refusing services and participate in the service planning process? How does the PHCP secure physician's signatures on oral, change or renewal orders?</p> <p>How does the PHCP ensure that oral orders are accepted, cosigned by the nurse and countersigned by the physician appropriately?</p> <p>Types of service means directions for the specific tasks (e.g. bed bath, tub bath, applying lotion to feet, applying lotion to back, etc.) to be performed by provider staff.</p>

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1101	Service Plans	290-5-54-.11(1)(a)	1)(a) Service Plan Content. The service plan shall include the functional limitations of the client, types of service required, the expected times and frequency of service delivery in the client's residence, the expected duration of services that will be provided, the stated goals and objectives of the services, and discharge plans.	<p>.11(1)(a) GUIDELINE: The purpose of the service plan is to direct staff action for a specific client. Consequently, the service plan must be individualized and contain adequate information for staff action. The service plan should contain the following at a minimum:</p> <ul style="list-style-type: none"> <li>- Functional limitations include, but are not limited to difficulties with hearing, vision, speech, mobility, swallowing, eating, breathing or cognitive abilities.</li> <li>- Types of service required should include the specific tasks and specific directions for tasks where appropriate. Information about medications and treatments should be included if the provider's staff is expected to assist with the medication or treatment.</li> <li>- The expected times and frequency of service delivery means how often staff will go to the client's home, on what days and at what time of day, a.m. or p.m.</li> <li>- The expected duration means how long staff will remain in the home to accomplish the task assigned.</li> <li>- The goals and objectives (or outcome criteria) are statements describing measurable outcomes of care. If goals/objectives are not being achieved, the provider must reevaluate the client and revise the plan. Goals/objectives may be standardized for personal care and companion/sitter clients (i.e. provide supportive services so that the client may maintain an optimal level of independent functioning at home). For clients receiving medications and/or treatments prescribed by physicians for skilled care, goals should be specific to the problem, time-referenced, and measurable.</li> <li>- The discharge plan is to identify the specific needs for maintaining or achieving maximum function after discharge, or identify resources for further services. The discharge plan may be generalized for personal care and companion/sitter clients if</li> </ul>



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				<p>their condition is stable. Documentation such as 'Client will be discharge when services are no longer desired' or 'when client is able to function independently, without assistance' may be sufficient for some clients. For clients receiving skilled care, discharge plans should include at a minimum, enough information for the individual/agency assuming responsibility for the care of the client to maintain the continuity of care. Verbal notification of the client status to the individual/agency assuming responsibility for the care of the client should be encouraged.</p>
1102	Service Plans	290-5-54-.11(1)(b)	(1)(b) When applicable to the condition of the client and the services to be provided, the [service] plan shall also include pertinent diagnoses, medications and treatments, equipment needs, and diet and nutritional needs.	<p>For most clients, diagnoses, medications and treatments, equipment, diet and nutritional needs, as well as cognitive ability and emotional stability, will impact the service delivery and should be addressed on the service plan. For example, if staff is to prepare meals for the client, a diet (regular, soft, liquid, low salt/fat, diabetic, etc.) must be part of the service plan. Treatments and specific nursing procedures may be written and revised as indicated when the service is skilled care. (i.e. wet to dry dressing, using saline, roll gauze, with vapor barrier covering, etc.)</p> <p>A diagnosis of cognitive impairment or emotional instability due to Alzheimer's, mental retardation, head trauma, etc., may necessitate specific instruction on communicating with the client and managing behavior, i.e. a non-verbal client, mental retardation, etc.</p> <p>Interview client and observe for applicable conditions requiring this addition information.</p>

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1103	Service Plans	290-5-54-.11(2)	(2) Service plans shall be completed by the service supervisor within seven working days after services are initially provided in the residence. Service plans for nursing services shall be reviewed and updated at least every sixty-two days. Other service plans shall be reviewed and updated at the time of each supervisory visit. Parts of the plans must be revised whenever there are changes in the items listed in rules .11(l)(a) and (b), above. Authority O.C.G.A. Sec. 31-7-300 et seq.	The service plan or plans of care are the result of the assessment function. The provider's staff carries out the actions identified during the planning process. These actions are done according to the provider's policy and procedures, standards of practice, and the scope of services. Monitoring the client's response to the care and modification of the service plan is an ongoing process. Revisions of the plan are based on a reassessment and identified goals.
1201	Rights, Responsibilities, and Complaints	290-5-54-.12	A provider shall establish and implement written policies and procedures regarding the rights and responsibilities of clients, and the handling and resolution of complaints.	For complaints, see L1201, L1208, L1214, and L1215.
1202	Rights, Responsibilities, and Complaints	290-5-54-.12(1)	(1) Such policies and procedures shall include a written notice of rights and responsibilities which shall be provided to each client or responsible party, if applicable, when the service agreement described in rule .09(2) is completed.	The policy and procedure should reference the specific written document that the provider has created to inform clients of their rights and which is to be provided to the client.  Interview staff and clients.
1203	Rights, Responsibilities, and Complaints	290-5-54-.12(1)(a)	The required notice [of rights and responsibilities] shall include the following items:  (a) Right to be informed about plan of service and to participate in the planning;	The client's preferences regarding days and times of service should be honored when possible.
1204	Rights, Responsibilities, and Complaints	290-5-54-.12(1)(b)	... (1) The required notice [of rights and responsibilities] shall include the following items:....  (b) Right to be promptly and fully informed of any changes in the plan of service;	Changes in time of service and availability or change in staff should be reported to the client residence as soon as possible, before the service, so that the client retains the right to accept or refuse services.
1205	Rights, Responsibilities, and Complaints	290-5-54-.12(1)(c)	... (1) The required notice [of rights and responsibilities] shall include the following items:....  (c) Right to accept or refuse services;	For the client who has not been adjudicated the right to accept or refuse services must be respected. Refusal of services must be reported to the supervisor immediately when the client could potentially suffer harm from the refusal of service, i.e. an individual who, if left alone, could not flee a burning house, or might wander off and get lost, etc.

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1206	Rights, Responsibilities, and Complaints	290-5-54-.12(1)(d)	<p>... (1) The required notice [of rights and responsibilities] shall include the following items:...</p> <p>(d) Right to be fully informed of the charges for services;</p>	See also L0907.
1207	Rights, Responsibilities, and Complaints	290-5-54-.12(1)(e)	<p>... (1) The required notice [of rights and responsibilities] shall include the following items:...</p> <p>(e) Right to be informed of the name, business telephone number and business address of the person supervising the services and how to contact that person;</p>	See also L1215, Provider Phone.
1208	Rights, Responsibilities, and Complaints	290-5-54-.12(1)(f)	<p>... (1) The required notice [of rights and responsibilities] shall include the following items:...</p> <p>(f) Right to be informed of the complaint procedures and the right to submit complaints without fear of discrimination or retaliation and to have them investigated by the provider within a reasonable period of time. The complaint procedure provided shall include the name, business address and telephone number of the person designated by the provider to handle complaints and questions;</p>	For complaints, see also L1201, L1208, L1214, and L1215.
1209	Rights, Responsibilities, and Complaints	290-5-54-.12(1)(g)	<p>... (1) The required notice [of rights and responsibilities] shall include the following items:...</p> <p>(g) Right of confidentiality of client record;</p>	See also L0929, Retention and Confidentiality of Client Records and L0802, Department access to records.
1210	Rights, Responsibilities, and Complaints	290-5-54-.12(1)(h)	<p>... (1) The required notice [of rights and responsibilities] shall include the following items:...</p> <p>(h) Right to have property and residence treated with respect;</p>	

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1211	Rights, Responsibilities, and Complaints	290-5-54-.12(1)(i)	<p>... (1) The required notice [of rights and responsibilities] shall include the following items:...</p> <p>(i) Right to receive a written notice of the address and telephone number of the state licensing authority, i.e. the department, which further explains that the department is charged with the responsibility of licensing the provider and investigating client complaints which appear to violate licensing regulations;</p>	<p>Department of Human Resources Office of Regulatory Services Health Care Section Two PeachtreeStreet NW, Suite 33.250 Atlanta, GA 30303-3142 404-657-5550</p> <p>Complaints only: 404-657-5728 or 1-800-878-6442</p>
1212	Rights, Responsibilities, and Complaints	290-5-54-.12(1)(j)	<p>(1) The required notice [of rights and responsibilities] shall include the following items:...</p> <p>(j) Right to obtain a copy of the provider's most recent completed report of licensure inspection from the provider upon written request. The provider is not required to release the report of licensure inspection until the provider has had an opportunity to file a written plan of correction for the violations, if any, identified. The facility may charge the client reasonable photocopying charges;</p>	<p>The provider is not required to release the report of licensure inspection until a written plan of correction has been accepted/approved by the department.</p> <p>When making a determination as to whether a charge was reasonable or not, surveyors should compare with charges of other similar providers.</p>
1213	Rights, Responsibilities, and Complaints	290-5-54-.12(1)(k)	<p>... (1) The required notice [of rights and responsibilities] shall include the following items:...</p> <p>(k) Right to be advised that the client and the responsible party, if applicable, must advise the provider of any changes in the client's condition or any events that affect the client's service needs.</p>	<p>A change in the client's condition or event that affects the client's service needs may include, but is not limited to, medication changes, any change in functional limitations, admission to a hospital, etc.</p>

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1214	Rights, Responsibilities, and Complaints	290-5-54-.12(2)	Such policies shall also include procedures for clients and others to present complaints, either orally or in writing, about services and to have their complaints addressed and resolved as appropriate by the provider in a timely manner.	The provider may not require a client to submit complaints in writing. Are complaints submitted orally documented by the provider? If there is a question about the timeliness of the response, was there any negative impact on the client or responsible party due to the response time of the provider? Any failure on the part of the provider to adhere to this requirement may constitute a violation of the clients right at L1208. For complaints, see also L1201, L1208, L1214, and L1215.
1215	Rights, Responsibilities, and Complaints	290-5-54-.12(3)	A provider shall supply all clients and responsible parties, if applicable, with the specific telephone number of the provider for information, questions or complaints about services being delivered by the provider. Authority O.C.G.A. Sec. 31-7-300 et seq.	Is the provider available by telephone during all service hours to respond to complaints about services? Other information or questions may be responded to during the established business hours. For complaints, see also L1201, L1208, L1214, and L1215.
1301	Enforcement and Penalties	290-5-54-.13	Enforcement of these rules and regulations shall be conducted in accordance with Rules and Regulations for Enforcement of Licensing Requirements, Chapter 290-1-6.	
1302	Enforcement and Penalties	290-5-54-.13(a)	(a) If the department finds that an applicant for a license has violated any provisions of these rules or other laws, rules, regulations, or formal orders related to initial or continued licensing, it may, subject to notice and an opportunity for hearing, refuse to grant any license or limit or restrict any license.	
1303	Enforcement and Penalties	290-5-54-.13(b)	(b) If the department finds that a provider has violated any provision of these rules or other laws, rules, regulations, or formal orders related to initial or continued registration, it may, subject to notice and an opportunity for hearing, take any of the following actions: administer a public reprimand; limit or restrict a license; suspend a license; impose a fine; refuse to renew a license; or revoke a license. Authority O.C.G.A. Sec. 31-2-6.	

<i>Tag</i>	<i>Title</i>	<i>Rule #</i>	<i>Rule/Regulation</i>	<i>Interpretive Guideline</i>
1401	Waivers and Variances	290-5-54-.14	The department may, in its discretion, grant waivers and variances of specific rules upon application or petition being filed on forms provided by the department. The department may establish conditions which must be met by the provider in order to operate under the waiver or variance granted...	
1402	Waivers and Variances	290-5-54-.14(a)	<p>... Waivers and variances may be granted in accordance with the following conditions:</p> <p>(a) Variance. A variance may be granted by the department upon a showing by the applicant or petitioner that the particular rule or regulation that is the subject of the variance request should not be applied as written because strict application of the rule would cause undue hardship. The applicant or petitioner must also show that adequate standards affording protection for the health, safety and care of persons in care exist and will be met in lieu of the exact requirements of the rule or regulation in question.</p>	
1403	Waivers and Variances	290-5-54-.14(b)	<p>... Waivers and variances may be granted in accordance with the following conditions:...</p> <p>(b) Waiver. The department may dispense entirely with the enforcement of a rule or regulation by granting a waiver upon a showing by the applicant or petitioner that the purpose of the rule or regulation is met through equivalent standards affording equivalent protection for the health, safety and care of persons in care.</p>	

<i>Tag</i>	<i>Title</i>	<i>Rule #</i>	<i>Rule/Regulation</i>	<i>Interpretive Guideline</i>
1404	Waivers and Variances	290-5-54-.14(c)	<p>Waivers and variances may be granted in accordance with the following conditions:...</p> <p>(c) Experimental Variance or Waiver. The department may grant waivers and variances to allow experimentation and demonstration of new and innovative approaches to delivery of services upon a showing by the applicant or petitioner that the intended protections afforded by the rule or regulation which is the subject of the request are met and that the innovative approach has the potential to improve service delivery.</p> <p>Authority O.C.G.A. Sec. 31-2-4.</p>	
1501	Severability	290-5-54-.15	<p>In the event that any rule, sentence, clause or phrase of any of these rules and regulations may be construed by any court of competent jurisdiction to be invalid, illegal, unconstitutional, or otherwise unenforceable, such determination or adjudication shall in no manner affect the remaining rules or portions thereof. The remaining rules or portions thereof shall remain in full force and effect, as if such rule or portions thereof so determined, declared, or adjudged invalid or unconstitutional were not originally a part of these rules.</p> <p>Authority O.C.G.A. Sec. 31-7-300 et seq.</p>	